(Re	equestor's Name)			
(Ac	idress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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COVER LETTER

Division of Corp						
SUBJECT: NodeWeav	er Corporation					
	Name of corporati	on - must inclu	de suffix			
Dear Sir or Madam;						
"Certificate of Existence,	n by Foreign Corporation for "Certificate of Good Storporation to transact busi	anding" and ch	eck are subn			
Please return all correspo	ndence concerning this mat	ter to the follow	ving:		_,	
Thomas Mays					2021	
	Name (of Person		, , .	تر ترت	1 1
NodeWeaver Corporation						
	Firm/Co	ompany		, . ,	PE	· i
3185 Willow Lane				This is	<u> </u>	<u> </u>
	Ad	dress		: - :i		
Weston, FL 33331						
	City/State	and Zip code			•	
tom.mays@nodeweaver.eu	12 4 11 6 1	15 6			<u>!</u> -	
	E-mail address: (to be use	d for future ann	ual report no	otification)	 	
For further information co	oncerning this matter, please	e call:			İ	
Thomas Mays	at (954) 817-7771			_	
Name of Person	Area Co	ode Day	time Teleph	one Number	- ι	
STREET/COUR Registration Sect Division of Corpo The Centre of Tai 2415 N. Monroe Tallahassee, FL	orations Jahassee Street, Suite 810	Reg Div P.C	AILING AD gistration Se vision of Cor D. Box 6327 Ilahassee, FL	ction rporations	†	
	e following amount: o: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	NT OF STATE □ \$78.75 Filir Certified C		■ \$87.50 Fil Certificate Certified (of Sta	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

١.	NodeWeaver Corporation					
	(Enter name of corporation; must in "Inc.," "Co.," "Corp," "Inc," "Co,"		O." "COMPANY," "CORPORATION		-	
	(If name unavailable in Florida, en	ter alternate corporate name	e adopted for the purpose of transacting	business in	<u> </u>	da)
2.	Delaware		86-2359167			
	(State or country under the law of	which it is incorporated)	(FEI number, it app	licable)	i	
4.	February 11, 2021	5.	·			
	(Date of incorporation)		(Date of duration, if other that		al)	
6.					 20	
	(Da		in Florida, if prior to registration) 1502, F.S., to determine penalty liability	y) .	11:55	
7.	901 NW 35th Street, Boca Raton, F	L 33331		<u> </u>	+	1
		(Principal of	fice street address)		 0	
	3185 Willow Lane, Weston, FL 33.	331		ن ان	PK-L	Das
			ing address, if different)	- 	7	
8.	Name and street address of Flor	ida registered agent: (P.	O. Box NOT acceptable)			
	Name: Thomas Maye				ì	
Oi	ffice Address: 3185 Willow La	ane				
	Weston		. Florida <u>33331</u>		,	
		(City)	(Zip code)			

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
■Chairman	Name: Carlo Daffara	Chairman	Name: Mitchell R. Kitay	
□Vice Chairman	Address: via Del Torre 5	□Vice Chairman	Address: 4833 Ballantrae Blvd	
□Director	Povoletto (UD)	□Director	Land O'Lakes, FL 34638	
□President	33040, Italy	President	USA	
□ Vice President		☐ Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	Other	
□Chairman	Name: Lorenzo Faleschini	□ Chairman	Name: Thomas G. Mays, Jr.	
□Vice Chairman	Address: via GiosuŁ Cattarossi 3	□Vice Chairman	Address: 3185 Willow Lane	
□Director	Belluno (BL)	Director	Weston, FL 33331	
□President	32199, Italy	□President	USA 34 T	
□Vice President		□ Vice President		
■ Secretary	□Treasurer	☐ Secretary	Treasurer	
□Other	Other	Other		
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□ Vice President		□Vice President		
□Secretary	☐ Treasurer	□Secretary	☐Treasurer	
□Other	Other	□Other	□Other	
Important Notice: Individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida De	partment of State Annual Re	eport form.	
Signature of Director or Officer				
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in a document to the	Department of State constitu		
13. THe	MAS MAYS TREASURE	R_		

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NODEWEAVER CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NODEWEAVER

CORPORATION" WAS INCORPORATED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXEST HAVE BEEN ASSESSED TO DATE.

Authentication: 202649207

Date: 03-04-21

5077769 8300

SR# 20210794516

You may verify this certificate online at corp.delaware.gov/authver.shtml